

Worksite Transportation Plan (WTP)

For plans due: July 1, thru June 30,

Forms and Instructions



Creating A Better Community

Information, Word and PDF Format Forms on the Web @:

<http://www.smgov.net/tmoplans>

(Updated on 04/15/2014)

General Information

The City of Santa Monica Worksite Transportation Plan consists of forms that must be completed and returned to the City of Santa Monica.

The plan forms are to be used by employers filing either an initial plan or an update plan. You may generate your own transportation plan forms on a computer, but they must contain all the information in the same order as the forms that are provided in this handbook.

Plan forms, in fillable “pdf” and “Word” format, can also be found at:

www.smgov.net/tmoplans

One copy of the completed plan must be submitted to the City of Santa Monica on or before your plan due date. The information submitted by the employer must remain in the order specified in the plan. Plans without all of the elements specified will be considered incomplete and will not be approved by the City.

The following step-by-step guidelines should be used by employers to understand the process involved in developing their Worksite Transportation Plans (WTP). By following the steps identified below, employers will be better able to prepare a WTP that will meet or exceed the Transportation Management Plan (TMP) Ordinance requirements and be approved by the City of Santa Monica.

1. Read the City of Santa Monica's TMP Ordinance Summary, “10-49 Employees”.
2. Designate an On-Site Contact Person and that person can contact me for assistance or training. Transportation Management Specialist, Luis A. Morris, 310.458.8957
3. Have the On-Site Contact Person read the City of Santa Monica's TMP Ordinance, “10-49 Employees”.
4. Educate and inform employees about the City of Santa Monica's TMP Ordinance.
5. Complete the WTP.
6. Obtain a letter of commitment from your company's Chief Executive Officer or highest ranking official at the worksite. The letter of commitment must contain:

A commitment to fully implement the WTP.

A signature of the highest-ranking official on site.

A statement that the data in the WTP is accurate to the best of the employer's knowledge.

7. Submit the WTP (one copy) and the applicable Transportation Impact Fee (refer to the Transportation Impact Fee Filing Form) to the City of Santa Monica for review by the specified deadline. Please do not submit notebooks, binders or other bulky materials to hold your plans; submit forms only.
8. Keep your current plan for two years and update employee information yearly.

Note: Improperly prepared plans will be returned for corrections and will be subject to disapproval .

Plan completion check list:

Impact Fee; check payable to the City of Santa Monica

Worksite Transportation Plan, Pages 1 through 7

Transportation Impact Fee Filing Form

Use this form to determine your WTP filing fees required under the City's Worksite TMP Ordinance. Failure to submit a WTP with the required fee is a violation of the TMP Ordinance and may subject the employer to penalties.

In Column 1 (Business License #), indicate Business License ID number of each work site for which you are filing plans. In Column 2 (Site Address), indicate Street Address and Zip Code of site to correspond with Column 1. In Column 3 (# of Employees), indicate total number of employees at each worksite to correspond with Columns 1 and 2.

Fees are based on the total number of employees at each site (all shifts). Using the fee structure below, calculate the amount due according to the number of employees per site and enter in Column 4. Employers with multiple sites may use additional pages if necessary.

FEE = \$17.25 PER EMPLOYEE:

Indicate the total amount of fees submitted under Column 4.

Payment can be made by check, made out to the City of Santa Monica, or credit card for the appropriate Employer Annual Transportation Fee. Credit card payments can be made by telephone or completing the "One-Time Credit Card Authorization Form" in the ETRP.

Checks should be payable to the City of Santa Monica. Please mail this form with the check and the completed Worksite Transportation Plan to:

WTP, Strategic Transportation & Planning Division, City of Santa Monica, 1685 Main Street, Room 115, P.O. Box 2200, Santa Monica, CA 90407-2200. **DO NOT** send the check separately.

For Electronic Submission: email teamplans@smgov.net

If you have any questions regarding this form please call the Strategic Transportation & Planning Division at:
Luis Morris: 310.458.8957, luis.morris@smgov.net or
Jacquilyne Brooks de Camarillo: 310.458.8956, jacquilyne.brooks@smgov.net

COMPANY NAME: _____

COLUMN 1 Business Lic. #	COLUMN 2 Site Address/Zip Code	COLUMN 3 # of Employees	COLUMN 4 Amount Due
TOTAL FEES & CHECK #:			\$

One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the City of Santa Monica to make a one-time debit to your credit card listed below. Please provide a copy of the credit card holder's identification card.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the City of Santa Monica charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC) _____

S= B5HI F9 _____ DATE _____
(or type initials)

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SITE ID. #: _____ YEAR 2012-2013

(Typing your Site ID and Year above will populate these fields in all subsequent pages)

Management Commitment Letter

Date

Company/Worksite Name

Business License #

City of Santa Monica
Planning & Community Development Department
Strategic Transportation & Planning Division 1685
Main St., Room 115
P.O. Box 2200
Santa Monica, C90407-2200

As the highest ranking official at this worksite, or as the executive officer responsible for allocating the resources necessary to implement the plan, I attest the attached MSERCP will be implemented as described and as approved by the City of Santa Monica.

I further declare that, in accordance with Ordinance 1604, all data in the plan is accurate and verifiable to the best of my knowledge.

Sincerely,

Signature (or type initials) of Official in Charge

Print or type name

Title

Telephone Number

Email Address

Section I: Employer Profile

A. Name & Address of Organization: (site address)

How many of your employees live in Santa Monica _____

Name

Number, Street and Suite

Zip Code

B. Contact Person: (All correspondence regarding this program will go to the person and address shown here.)

Name, Title

E-mail Address - IMPORTANT

Phone, Extension and Fax

Number, Street and Suite

City, State

Zip Code

C. Type of Business: (explain briefly)

D. Highest ranking official at this Site:

Name, Title

E-mail Address - IMPORTANT

Phone, Extension and Fax

E. On-Site Contact:

Name, Title

E-mail Address - IMPORTANT

Department, Phone, Extension and Fax

F. Employee Commute Mode (Mandatory completion for WTP approval)

The answers should be estimated on the majority of an employee's commute during a work week.

How many employees **DRIVE ALONE** to the worksite: _____

How many employees **CARPOOL** to the worksite: _____

How many employees **COMMUTE USING PUBLIC TRANSIT** to the worksite: _____

How many employees **BIKE** to the worksite: _____

How many employees **WALK, SKATE or SKATEBOARD** to the worksite: _____

G. Branch Site Information:

List all sites within the City of Santa Monica with 10 or more employees. (use additional sheets if necessary)

1. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

2. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

3. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

4. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

5. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

6. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

7. > _____
Site Name, Worksite ID# (if available), Total Number of Employees at this Site

Number, Street Name, Zip Code

Section II: Worksite Analysis

A. Which transit lines stop within 1/4 mile or 3 blocks from your worksite:

Big Blue Bus: “Blue – The Transit Store”, 310.451.5444, 1444 4th St.

west of the 3rd St. Promenade, Schedules, Maps, Bus Passes/Tokens and other information

_____1 _____2 _____3 / Rapid 3 _____4 _____5 _____6 _____7 / Rapid
 _____8 _____9 _____10 _____11 _____14 _____Sunset Ride _____Cross Town Ride

Metro: _____4 (24 hr.) / 704 _____20 / 720 Rapid / 920 _____33 (24 hr.) / 333 _____534

B. Bike Santa Monica:

There are many bike ways and facilities expanding throughout the City of Santa Monica. For your most up to date information go to – www.bikesantamonica.org

C. Worksite Services / Amenities Inventory:

Indicate which of the following services / amenities, WITHIN ¼ MILE, that are available to your employees.

- | | |
|--|---|
| _____ Transit Pass Sales (Monthly) | _____ ATM / Banks / Check Cashing |
| _____ Showers | _____ Day Care Center |
| _____ Clothes Lockers | _____ Fitness Center |
| _____ Bike Racks | _____ Post Office Services |
| _____ Bike Lockers | _____ Movie / Show / Event Ticket Sales |
| _____ Bikes Are Allowed Inside Worksite | _____ Dry Cleaning Service |
| _____ Air Pump | _____ Pharmacy |
| _____ Bike Repair Kit or Service | _____ Retail Stores |
| _____ Free Meals, On-site, for all Employees | _____ Food / Convenience Stores |
| _____ Lunch Room | _____ Auto Services |
| _____ Vending Machines | _____ Grooming (Hair / Beauty Salon) |
| _____ Restaurant/Catering Truck/Cafeteria | _____ Medical / Dental Offices |
| _____ Direct Deposit | _____ Other (state) _____ |

Santa Monica Bike Center: Ron Durgin, (310) 656-8500, info@smbikecenter.com
 For all of your cycling needs. Rent a bike to keep at your facility for your employees’ use.
 Bike storage, repairs, parts, safe cycling routes, employee loaner bikes, free urban cycling
 safety class information, ho to be ranked as a "Bike Friendly Business" and more...

Section IV: Mandatory On-site Information Requirements

A. RIDESHARING INFORMATION - Complete 1. or 2.

_____ **1. RIDESHARING INFORMATION KIOSK OF BULLETIN BOARD** (updated annually)
Type of information to be posted: Carpool, Vanpool, Bicycle, Walk, Public/Mass transit
(check all that apply)

_____ **Posters** _____ **Maps** _____ **Flyers** _____ **Memos**

_____ **MANDATORY INFORMATION**

Name of Onsite Contact Person and pages 7 and 9 of your WTP

OR

_____ **2. MONTHLY RIDESHARE INFORMATION DISTRIBUTION**

Type of information to be distributed: Carpool, Vanpool, Bicycle, Walk, Public/Mass transit
(monthly records must be maintained and submitted with WTP update annually)

_____ **Paycheck Stuffers** _____ **Article in Company Newsletter**

_____ **Rideshare Newsletter** _____ **Memos** _____ **E-mail**

B. NEW EMPLOYEE ORIENTATION - Complete 1. or 2.

_____ **1. REVIEW INFORMATION CONTAINED IN THIS WTP**

OR

_____ **2. NEW EMPLOYEES WILL BE PROVIDED WITH A COPY OF THIS WTP TO:**

_____ **Review** _____ **Keep**

C. MANDATORY ON-SITE TRANSIT INFORMATION (To be kept on-site at all times)

Santa Monica Big Blue Bus: 310.451.5444

“Blue – The Transit Store” 223 Broadway, just west of the 3rd St. Promenade

Schedules, Maps, Bus Passes/Tokens and other information

Metro:800.COMMUTE (266.6883)

Maps, pass and token purchase information (Where, when and how much?)

Schedules (Information for that stop within 1/4 mile or blocks from your worksite)

Metro Commute Services, Maps for “Park & Ride” lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Red, Blue & Green line light-rail lines, and freeway conditions.

Caltrans:800.427.ROAD (427.7623)

Direct telephone line for California freeway conditions.

USEFUL INTERNET ADDRESSES

City of Santa Monica Strategic Transportation & Planning Division

..... <http://www.smgov.net/tmo>

City of Santa Monica..... www.smgov.net

Santa Monica BIG BLUE BUS.....www.bigbluebus.com

Metrolink.....www.metrolinktrains.com

Metro.....www.metro.net

Metro Commute Services: http://www.metro.net/riding_metro/commute_services/default.htm

Maps for “Park & Ride” lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Red, Blue & Green light-rail lines, and freeway conditions.

Los Angeles Bicycle Coalition..... www.labikecoalition.org

California Bicycle Coalition www.calbike.org

Bike Link www.bikelink.com

Caltrans - California freeway conditions..... www.dot.ca.gov

Sigalert.com – Live Freeway Traffic Conditions..... www.sigalert.com

Santa Monica Spoke, S.M. Cycling Outreach Organization.....www.smspoke.org

SECTION VII: EDUCATIONAL INFORMATION & POSTERS

Metro Commute Services, Valerie Rader (ridesharing services)	213.922.2535
Santa Monica BIG BLUE BUS	310.451.5444
Los Angeles Bicycle Coalition	213.629.2142
California Bicycle Coalition	916.446.7292
Caltrans, direct telephone line for California freeway conditions	800.427.ROAD (427.7623)
American Lung Association	800.LUNG USA (586.4872)
Sierra Club	213.387.4287
Association for Commuter Transportation	202.393.3497
Coalition for Clean Air	310.441.1544
California Air Resources Board (CARB)	800.242.4450
Metro (formerly MTA/Metropolitan Transit Authority)	800.COMMUTE (266.6883)

USEFUL INTERNET ADDRESSES

City of Santa Monica Strategic Transportation & Planning Division	http://www.smgov.net/TMO
Bike Santa Monica	www.bikesantamonica.org
City of Santa Monica	www.smgov.net
Santa Monica BIG BLUE BUS	www.bigbluebus.com
Santa Monica Bike Center	www.smbikecenter.com
Santa Monica Spoke, S.M. Cycling Outreach Organization	www.smspoke.org
Sustainable Streets	www.sustainablestreets.org
Expo Line Light Rail	www.buildexpo.org , www.friends4expo.org
Metrolink	www.metrolinktrains.com
Metro (formerly Metropolitan Transit Authority or MTA)	www.metro.net
Metro Rideshare:	http://www.metro.net/riding_metro/commute_services/default.htm
Maps for "Park & Ride" lots, English and Spanish information of carpools, vanpools, bicycling, telecommuting, other bus lines, Red, Blue & Green light rail lines, and freeway conditions.	
Los Angeles Bicycle Coalition	www.labikecoalition.org
California Bicycle Coalition	www.calbike.org
Bike Link	www.bikelink.com
Caltrans - California freeway conditions	www.dot.ca.gov
American Lung Association	www.lung.org
Sierra Club	http://angeles2.sierraclub.org
Association for Commuter Transportation(ACT) Southern California Chapter	www.act-southernca.org
AAA - Automobile Club of Southern California	www.aaa-calif.com
Ride Amigos (Carpool Matching Service)	www.rideamigos.com
South Coast Air Quality Management District (SCAQMD)	www.aqmd.gov
California Air Resources Board	http://www.arb.ca.gov
Southern California Association of Governments (SCAG)	www.scag.ca.gov
Sigalert.com	www.sigalert.com

Employer Exemption Request Form - 10

WTP, Exemption Request
Strategic Transportation & Planning Division City
of Santa Monica
1685 Main St., Room 115
P.O. Box 2200
Santa Monica, CA 90407-2200

Date _____

I am an authorized representative of _____,
an employer subject to the City of Santa Monica's (the City) Transportation Management Plan
(TMP) Ordinance. I write to request that the employer named in this letter be exempted from the
need to file the City's TMP Ordinance Trip Reduction Plan on the grounds that the:

Total employee population is _____, below the minimum 10 employee level.

OFFICIAL DOCUMENTATION OF EMPLOYEE POPULATION ATTACHED AS FOLLOWS

_____ Payroll Records or _____ Insurance records

_____ Other _____

as specified by the Ordinance.

Please contact me if you require additional information.

Sincerely,

Signature of Official in Charge

Print Name

Title Telephone Number

If you do not have a **Certified or Corporate ETC or a Consultant**, you must designate a representative and have them trained by a City and/or SCAQMD approved training provider (see below), or a consultant responsible for preparing, implementing and monitoring the ERP.

EMPLOYERS WITH 50-249 EMPLOYEES

Note: Training is an eight-hour course in a group or private setting primarily in Santa Monica.

TRAINERS & CONSULTANTS:

Melinda Sue Norin
Melinda Sue Norin & Associates
11271 Huston St.
W. Toluca Lake, CA 91601-4408
818.766.4044
melindasu@hotmail.com

Cara Rice
800 South Pacific Coast Highway,
Suite 8-344
Redondo Beach, CA 90277-4778
310.493.9336
facerice@aol.com

Rashmi Bansal
RideLinks, Inc.
1 S. Fair Oaks Ave., Suite 302
Pasadena, CA 91105
626.440.9933
rashmi@ridelinks.com
www.ridelinks.com

EMPLOYERS WITH 250 OR MORE EMPLOYEES are required to be trained by the SCAQMD and/or utilize the services of a consultant:

Note: Training is an eight-hour course in a group setting in Diamond Bar or a SCACMD chosen alternating location

SCAQMD
21865 E. Copley Drive
Diamond Bar, CA 91765
(909) 396-3271, <http://www.aqmd.gov/trans/training.html>

CONSULTANTS ONLY:

Linda Paradise
Paradise Consulting
2425 Olympic Bl., 4060W
Santa Monica, CA 90404
310.453.1714
paradiseconsulting@sbcglobal.net

Carolyn DeVinny
The DeVinny Group
3760 Motor Ave.
Los Angeles, CA 90034
310.559.8575
devgrp@earthlink.net

TRANSPORTATION MANAGEMENT ASSOCIATION:

Commute SM
Ride Amigos
www.commutesm.com
516.473.1096
evan@rideamigos.com, jeff@rideamigos.com

(Note: Employers joining a City-certified TMA receive a 25% reduction in their Annual Impact Fees)

We recommend that you call to compare services and prices.